## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Senate Conservatives Fund	FEC IDENTIFICATION NUMBER ▼
Senate Conservatives Fund	C C00448696
Check if X 24-hour report 48-hour report New report Amends report filed	M = M / D = D / Y = Y = Y
	1011
Full Name of Payee Conservative Connector LLC	Date of Public Distribution/Dissemination
Mailing Address 435 East Main St. Ste. 250	11 02 2014
	Amount
City State Zip Code Greenwood IN 46143-1464	6357.15 Transaction ID : E0752AC53357D4899A2B
Purpose of Evpanditure	Date of Disbursement or Obligation
IE-Ernst-Email List Rental  Category/ Type	11 03 2014
	e Sought: House District:
Joni K Ernst Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought  Disbute 2014	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M M / D D / Y Y Y Y
	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	6357.15
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	6357.15
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
2 4.10	11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	